

# Vibrator Technique for Ejaculation: One Person's Experience

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## Introduction

In 1980 the journal, *Sexuality and Disability*, published an article written by R.G. Ellis, a C-7 incomplete quadriplegic who had discovered that he could achieve ejaculation by masturbation. He described in detail his trial and error method of finding what worked for him and what did not. I have given copies of Mr. Ellis' article to many spinal injured males and each time I have asked them to let me know whether or not the technique worked for them. So far only one person has responded and his comments are reported here exactly as he wrote them.

This is a detailed description written in 1980 by a T-5 complete paraplegic who found that Mr. Ellis' masturbation technique did not work for him, but a vibrator did. It should be noted that the vibrators that are currently available have been improved over what was on the market in 1980. There is no assurance that the techniques will work on others with similar or different SCI lesions, but it gives a clear picture of the trial and error procedures and patience that are required to achieve success. One should not become discouraged if the first attempts do not work.

I think if more individuals who have found successful techniques would describe them in similar detail for others to read, it would give new

injuries a better idea what to expect. I encourage anyone who has something to contribute to contact me (or the current Medical Director).

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## The Technique

"The 'Corona-Frenulum' technique of masturbation did not work for me except once. I am not sure if it is because I have altered the technique, or if it is really that unreliable in me. I tried it about a dozen times. My vibrator still does the job, however, so I'm not too upset about the failure.

One thing I noticed that was similar between my experience and that of Ellis is that there was a lapse of several years between the accident and the ability to achieve an ejaculation. I tried the vibrator shortly after my accident and it didn't work.

Ellis states that he can have an orgasm and ejaculation almost any time that he wishes. I cannot. The times that I have been able to reach ejaculation on two successive days is about three or four. And I have tried many more times than that (even when I know better, I still try sometimes). I can often reach ejaculation one day, skip the next, and succeed on the next day, but it is not likely that I could skip another day and be as lucky the next. I have my best luck when I try it once a week. I am including a picture from the box of the



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vibrator I use (an Oster Swedish-Style Massager). I recommend it over the one-piece massagers that I have seen (I have one) because its vibrations are much more powerful. I either wear a condom (if I'm collecting a specimen of semen) or wrap a Kleenex around the base of my penis when using this massager, since I do not want to pinch the skin with the springs.



To use, I lie down, stimulate myself to an erection with my left hand and then grasp the penis with my right hand on the shaft below the glans. Then I stroke the penis with a slow stroke, stretching the skin rather than sliding over it. I do not touch the glans, as this will cause me to lose the erection. If (and this usually happens) the erection starts to soften, I release the penis with my right hand and use my left to get the erection back again. This can happen ten or more times before I reach ejaculation.

I will often get a low intensity 'false ejaculation' after I have been stroking a while. I'm not sure of the significance of this. If it is going to happen, it is important to stop using the vibrator when the erection starts to soften, as it is more difficult to get the erection back when the penis is flaccid than when it is semi-hard. This can best be determined by experiment, as I have on one or two occasions kept on stroking after the erection started to soften, and then it hardened very quickly and I had an ejaculation.

There are a few things that I do that seem to enhance the chance of reaching ejaculation. They all seem to revolve around tension in the abdomen. The most simple is to try to sit up. I can't, but a certain amount of tension is induced in the abdomen when I try. Another method is to sit up while grasping my penis with the vibrator running and then to fall backwards, using only my abdominal muscles to resist the fall, and then trying to sit up when I reach the bed. I use my left hand to help me sit up (I grab the wheel of my chair and pull on

it to sit up). A variation of that technique is to sit up while grasping my penis with the vibrator, and then using my left hand to spread my legs, hooking a heel over each corner of the bed, and then falling back as before. It really helps to resist the fall with the abdominal muscles, and to not let up with that tension when reaching the horizontal position. Another technique that may help is to push on the legs around the thighs. This causes the abdominal muscles to be stretched, which once again is the tension I spoke of.

Usually I will try one of these techniques, and if I do not reach an ejaculation, I start to lose my erection, and I have to use my free hand to regain the erection. Then I try again.

Something that I have found to be of interest, is that if I can ejaculate quickly, in 3-10 minutes, I am able to get another firm erection within 30-60 minutes. This is very important, as that is how I put on my condom (for urine collection). If I take 15-30 minutes to reach ejaculation, or if I take that long and do not reach ejaculation, it is much harder to get an erection to put on my condom.

The thing that is interesting to me is that it seems to depend on the amount of stimulation received, and not on whether an ejaculation has occurred. This amount of stimulation received also seems to have an effect on the next time I will be successful at masturbation. If I fail to reach ejaculation one day, it is very unlikely that I will be successful the next. So, when I have a failure, the best thing to do is to take a rest of several days to a week or so. I mention this because it is quite possible that if someone is trying the vibrator technique for the first time, it is likely that he may try it three days in a row, and then conclude that it just doesn't work. If he takes two weeks off, there is a good chance that it may work.

Since I change my condom in the morning (after not drinking liquids all night), I usually try it in the morning. I have succeeded in reaching ejaculation two or three times with my condom on, but it has only worked in the morning and was a very

complicated maneuver. I have a bowel movement every other night, but have noticed no difference in my ability to reach ejaculation on the days I have my bowel movement and the days I do not. It does help to empty my bladder, though.

When I had my first few ejaculations, the semen was dark brown, and then got progressively lighter until it was a normal color. This may have been due to the testicular infection I had four months after my accident, or it may have been from lack of use. I have looked at two specimens under a microscope and I definitely can see living sperm with little tails flagellating!

Maybe most paras that can have ejaculations know about it and just don't bother telling others about it. But maybe they were like me and just gave up after several years. I was careful not to use the word 'orgasm,' but I am not sure that it does not apply. I do not feel it in the normal sense, but I do feel physical sensations, as some pretty powerful tremors take over my body."

**CAUTION:** Any SCI who is subject to Autonomic Dysreflexia should be aware that ejaculation can trigger Dysreflexia and, therefore, could be dangerous.

### **References**

"The Corona-Frenulum Trigger." by R.G. Ellis. Sexuality and Disability. 3:50-56. 1980.

"The Effectiveness of Vibratory Stimulation in An Ejaculatory Men with Spinal Cord Injury. Review Article." Beckerman, Becher, & Lankhorst. Paraplegia 31: 689-699. 1993.